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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

| In re: | Johnson, M | Iary E | § | Case No. 08 B 00778 |
|--------|---------------------|---|------------------|---|
| | Debtor | | § | |
| | | | § | |
| | СНАРТ | TER 13 STANDING TRU | STEE'S FII | NAL REPORT AND ACCOUNT |
| | | | | ving Final Report and Account of the (1)(1). The trustee declares as follows: |
| | 1) | The case was filed on 01/15/2 | 2008. | |
| | 2) | The plan was confirmed on 0 | 3/10/2008. | |
| C | 3) on (NA). | The plan was modified by orc | ler after confir | mation pursuant to 11 U.S.C. § 1329 |
| p | 4) olan on 04/13 | The trustee filed action to ren 5/2009. | nedy default by | the debtor in performance under the |
| | 5) | The case was dismissed on 06 | 5/08/2009. | |
| | 6) | Number of months from filing | g or conversion | to last payment: 15. |
| | 7) | Number of months case was j | pending: 18. | |
| | 8) | Total value of assets abandon | ed by court ord | der: (NA). |

9) Total value of assets exempted: \$21,200.00.

10) Amount of unsecured claims discharged without full payment: \$0.

11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$4,358.00

Less amount refunded to debtor \$0

NET RECEIPTS: \$4,358.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$3,314.00

Court Costs \$0

Trustee Expenses & Compensation \$287.64

Other \$0

TOTAL EXPENSES OF ADMINISTRATION:

\$3,601.64

Attorney fees paid and disclosed by debtor \$500.00

| Scheduled Creditors: | | | | | | |
|---------------------------------|-----------|--------------------|-------------------|------------------|-------------------|--------------|
| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
| Internal Revenue Service | Priority | \$3,339.79 | NA | NA | \$0 | \$0 |
| Cook County Treasurer | Secured | \$802.00 | \$802.00 | \$802.00 | \$0 | \$0 |
| Cook County Treasurer | Secured | NA | \$802.49 | \$802.49 | \$0 | \$0 |
| Home Loan Services | Secured | \$137,660.00 | \$137,255.44 | \$137,255.44 | \$0 | \$0 |
| Home Loan Services | Secured | \$5,469.00 | \$5,468.51 | \$5,468.51 | \$0 | \$0 |
| Access Community Health Network | Unsecured | \$208.00 | NA | NA | \$0 | \$0 |
| AT&T | Unsecured | \$425.46 | NA | NA | \$0 | \$0 |
| Capital One | Unsecured | \$646.00 | \$617.36 | \$617.36 | \$23.82 | \$0 |
| ECast Settlement Corp | Unsecured | \$490.00 | \$490.49 | \$490.49 | \$18.92 | \$0 |
| First Cash Advance | Unsecured | \$975.00 | NA | NA | \$0 | \$0 |
| First Revenue Assurance | Unsecured | \$761.00 | NA | NA | \$0 | \$0 |
| John Stroger Hospital | Unsecured | \$3,603.20 | NA | NA | \$0 | \$0 |
| Northern Memorial Hospital | Unsecured | \$10,330.00 | NA | NA | \$0 | \$0 |
| Northwestern Medical Faculty | Unsecured | \$27,007.00 | NA | NA | \$0 | \$0 |
| Portfolio Recovery Associates | Unsecured | \$710.00 | \$752.86 | \$752.86 | \$29.04 | \$0 |
| Sinai Health System | Unsecured | \$167.00 | NA | NA | \$0 | \$0 |
| T Mobile USA | Unsecured | \$1,062.92 | \$662.92 | \$662.92 | \$25.57 | \$0 |
| | | | | | | (Continued) |

| Scheduled Creditors: (Continued) | | | | | | |
|------------------------------------|-----------|--------------------|-------------------|------------------|-------------------|--------------|
| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
| Wells Fargo Bank | Unsecured | \$29,504.00 | NA | NA | \$0 | \$0 |
| Wells Fargo Financial Illinois Inc | Unsecured | NA | \$17,068.53 | \$17,068.53 | \$659.01 | \$0 |

| Summary of Disbursements to Creditors: | | | | | | |
|--|------------------|-------------------|------------------|--|--|--|
| | Claim Allowed | Principal Paid | Interest Paid | | | |
| Secured Payments: | | | | | | |
| Mortgage Ongoing | \$137,255.44 | \$0 | \$0 | | | |
| Mortgage Arrearage | \$5,468.51 | \$0 | \$0 | | | |
| Debt Secured by Vehicle | \$0 | \$0 | \$0 | | | |
| All Other Secured | \$1,604.49 | \$0 | \$0 | | | |
| TOTAL SECURED: | \$144,328.44 | \$0 | \$0 | | | |
| Priority Unsecured Payments: | | | | | | |
| Domestic Support Arrearage | \$0 | \$0 | \$0 | | | |
| Domestic Support Ongoing | \$0 | \$0 | \$0 | | | |
| All Other Priority | \$0 | \$0 | \$0 | | | |
| TOTAL PRIORITY: | \$0 | \$0 | \$0 | | | |
| GENERAL UNSECURED PAYMENTS: | \$19,592.16 | \$756.36 | \$0 | | | |

| <u>Disbursements:</u> | | | | | | |
|----------------------------|------------|------------|--|--|--|--|
| Expenses of Administration | \$3,601.64 | | | | | |
| Disbursements to Creditors | \$756.36 | | | | | |
| TOTAL DISBURSEMENTS: | | \$4,358.00 | | | | |

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: July 21, 2009

By: __/s/ MARILYN O. MARSHALL

Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.